

quickly signed into law by President Bill Clinton.

Unfortunately, the Supreme Court rules this act unconstitutional. I respect the Supreme Court, both the institution and its members. Sadly, their decision, in my opinion, neither respected the jurisdiction that the Constitution conveys to the Congress nor preserved the checks and balances of the Constitution. In a display of legalism which escapes this Member's understanding and to this Member defies common sense, they stated that Congress had the power to enforce the constitutional rights protected by the 14th Amendment, the amendment on which the 1993 act was based, but not the right to "expand them." It is hard to imagine that Congress' pronouncement stating that the first freedom in the Constitution, the free exercise of our religious beliefs which was the catalyst for the very founding of our country should not be swept away without a compelling state interest was somehow an "expansion" of our religious liberties. If a constitutional right can be taken away without compelling reason, on a whim, or with a minimum of justification, it is not in any way a well protected right.

Additionally, it is difficult to imagine that Congress' attempt to protect the first right delineated in the Constitution is somehow prohibited by the Constitution. Not only is it unimaginable, it is unacceptable. For that reason, this Congress, this day, representing the people of this country, must again act to protect the precious religious freedoms and liberties of those we represent. To do otherwise would allow the Supreme Court, in what this Member perceives to be an arbitrary decision, to set itself up as the sole arbitrator, determinant and protector of our constitutional rights. The basis of our constitutional rights is not the Supreme Court; it is the Constitution. I, for one, firmly believe that the Constitution also gave this body, as the elected representatives of the people, a right, and further an obligation, to protect our constitutional freedoms.

Certainly, is not the right and the obligation to protect our first freedom the right and obligation of all three branches of government? I will never accept the premise, nor should this Congress, that only the Supreme Court is vested with this right and this power. To do so would basically give the Supreme Court alone the power to restrict the very precious rights encompassed in our Constitution without any check or balance. To do so would also surrender our obligation to defend the Constitution, an obligation we swear to uphold upon our election. To defend the Constitution should be our first obligation, not someone else's obligation.

Our forefathers in their wisdom did not give to the Supreme Court alone the power to protect our Constitutional rights and freedoms. They, in fact, gave this obligation and responsibility to all three branches of government. It is not a duty that we should constitutionally avoid. Let us not dodge or shirk this solemn responsibility today. Let us instead, not with three dissenting votes, but unanimously pass the Religious Liberty Protection Act.

## PERSONAL EXPLANATION

**HON. LYNN N. RIVERS**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 22, 1999*

Ms. RIVERS. Mr. Speaker, the following is a list of votes that I missed because I had to return to Michigan due to a family emergency. Had I been present, I would have voted as follows:

Rollcall No. 281—McGovern amendment—"yes."

Rollcall No. 282—Sanders amendment—"yes."

Rollcall No. 283—Coburn amendment—"yes."

Rollcall No. 284—Sanders amendment—"yes."

Rollcall No. 285—Sanders amendment—"yes."

Rollcall No. 286—Slaughter amendment—"yes."

Rollcall No. 287—Stearns amendment—"no."

Rollcall No. 288—Rahall—"yes."

Rollcall No. 300—Previous question on H. Res. 246, rule on H.R. 2490, Treasury Postal—"no."

## PERSONAL EXPLANATION

**HON. BILL LUTHER**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 22, 1999*

Mr. LUTHER. Mr. Speaker, due to a family commitment I was unable to cast House votes 301–305 on July 15th, 1999 and House vote 306 on July 16th, 1999.

NATIONAL MENTAL HEALTH  
PARITY ACT OF 1999**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 22, 1999*

Mr. STARK. Mr. Speaker, I am proud to join with my colleagues to introduce the National Mental Health Parity Act of 1999. The goal of this legislation is to provide parity in insurance coverage of mental illness and improve mental health services available to Medicare beneficiaries. This legislation will end the systematic discrimination against those with mental illness and reflect the many improvements in mental health treatment.

My legislation would prohibit health plans from imposing treatment limitations or financial requirements on coverage of mental illness, if they do not have similar limitations or requirements for the coverage of other health conditions. The bill also expands Medicare mental health and substance abuse benefits to include a wider array of settings in which services may be delivered. Specifically, the legislation would eliminate the current bias in the law toward delivering services in general hospitals by allowing patients to receive treatment in a variety of residential and community-based settings. This transition saves money for the simple reason that community-based services

are far less expensive than hospital services. In addition, community-based providers can better meet the patient's personal needs.

Providing access to mental health treatment offers many benefits because of the significant social costs resulting from mental health and substance abuse disorders. Treatable mental and addictive disorders exact enormous social and economic costs, individual suffering, breakup of families, suicide, crime, violence, homelessness, impaired performance at work and partial or total disability. Recent estimates indicate that mental and addictive disorders cost the economy well over \$300 billion annually. This includes productivity losses of \$150 billion, health care costs of \$70 billion and other costs (e.g. criminal justice) of \$80 billion.

Two to three percent of the population experience severe mental illness disorders. As many as 25 percent suffer from milder forms of mental illness, and approximately one out of ten Americans suffers from alcohol abuse. One out of thirty Americans suffer from drug abuse.

Alcohol and drug dependence is not the result of a weak will or a poor character. In many cases, the dependence results from chemical abnormalities in the person's brain that makes them prone to dependence. In other cases, the dependence represents a reaction to unhealthy social and environmental conditions that perpetuate abuse of alcohol and drugs. Regardless of the cause of the abuse, alcohol and drug abuse can be treated and allow the person to live a normal and productive life.

Mental health disorders are like other health disorders. With appropriate treatment, some mental health problems can be resolved. Other mental health conditions, like physical health conditions can persist for decades. Indeed, there are those who battle mental illness their entire life just as there are those who suffer from diabetes, congenital birth defects, or long-term conditions like multiple sclerosis. Whereas insurance policies cover the chronic health problems, they do not offer the same support for mental health conditions.

During the last 104th Congressional session, parity in the treatment of mental illness was a widely and hotly debated issue. Although parity legislation was finally developed, insurance carriers found gaping loopholes and created mental health insurance policies that provide less access to mental health services. Furthermore, the current parity legislation includes many exemptions in coverage requirements for small employers. If an employer has at least 2 but not more than 50 employees, they can be exempt from the coverage requirement. Finally, if a group health plan experiences an increase in costs of at least 1 percent, they can be exempted in subsequent years. We can and must do more for our constituents.

My proposed legislation addresses two fundamental problems in both public and private health care coverage of mental illness. First, despite the prevalence and cost of untreated mental illness, we still lack full parity for treatment. The availability of treatment, as well as the limits imposed, are linked to coverage for all medical and surgical benefits. Whatever limitations exist for those benefits will also apply to mental health benefits.

Let us not forget the small employers either. If a company qualifies for the small employer exemption, the insurance companies will be

able to set different, lower limits on the scope and duration of care for mental illness compared to other illnesses. This means that people suffering from depression may get less care and coverage than those suffering a heart attack. This disparity is indefensible.

Access to equitable mental health treatment is essential and can be offered at a reasonable price. Recent estimates indicate that true parity for mental health services will increase insurance rates by a mere one percent, a trivial price to pay for the well being of all Americans.

Second, the diagnoses and treatment of mental illness and substance abuse has changed dramatically since the start of Medicare. Treatment options are no longer limited to large public psychiatric hospitals. The great majority of people receive treatment on an outpatient basis, recover quickly, and return to productive lives. Even those who once would have been banished to the back wards of large institutions can now live successfully in the community. Unfortunately, the current Medicare benefit package does not reflect the many changes that have occurred in mental health care. This bill would permit Medicare to pay for a number of intensive community-based services. These services are far less expensive than inpatient hospitalization.

For those who cannot be treated while living in their own homes, this bill would make several residential treatment alternatives available. These alternatives include residential detoxification centers, crisis residential programs, therapeutic family or group treatment homes and residential centers for substance abuse. Clinicians will no longer be limited to sending their patients to inpatient hospitals. Treatment can be provided in the specialized setting best suited to addressing the person's specific problem.

Currently there is a 190-day lifetime limit for psychiatric hospital treatment. This limit was originally established primarily in order to contain costs. In fact, CBO estimates that under modern treatment methods, only about 1.6% of Medicare enrollees hospitalized for mental disorders or substance abuse used more than 190 days of service over a five year period.

Under the provisions of this bill, beneficiaries who need inpatient hospitalization would be admitted to the type of hospital that can best provide treatment for his or her needs.

Inpatient hospitalization would be covered for up to 60 days per year. The average length of hospital stay for mental illness in 1995 for all populations was 11.5 days. Adolescents averaged 12.2 days; 14.6 for children; 16.6 days for older adolescents; 8.6 days for the aged and disabled; 9.9 days for adults. A stay of 30 days or fewer is found in 93.5% of the cases. The 60-day limit, therefore, would adequately cover inpatient hospitalization for the vast majority of Medicare beneficiaries, while still providing some modest cost containment. Restructuring the benefit in this manner will level the playing field for psychiatric and general hospitals.

In summary, my legislation is an important step toward providing comprehensive coverage for mental health. Further leveling the health care coverage playing field to include mental illness and timely treatment in appropriate settings will lessen health care costs in the long run. These provisions will also lessen the social costs of crime, welfare, and lost pro-

ductivity to society. This bill will assure that the mental health needs of all Americans are no longer ignored. I urge my colleagues to join me in support of this bill.

MISS MARTHA DAVIS

**HON. BOB BARR**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 22, 1999*

Mr. BARR of Georgia. Mr. Speaker, if you spend much time examining popular television shows, magazines, and music nowadays, you'll very quickly reach the conclusion that our society is obsessed with youth. In many ways, it is good to see greater concern about hanging on the health, energy and optimism that go along with being young. However, we will be making a grave mistake as a society if we over-value youth at the expense of rejecting the wisdom, common sense, and experience our senior citizens acquire over a lifetime.

Nowhere is this principle more evident than in the life of Miss Martha Davis. Miss Martha, as she is known to her students, earned her college diploma at Brenau College in Gainesville, Georgia. After graduating, she returned to her hometown of Cave Spring, Georgia, where she held a job as a teacher for the next four and a half decades. In the process she helped shape the lives of her students, many of whom still visit and spend time with her on a regular basis.

Miss Martha's own words are perhaps the most appropriate way to describe the outlook that has served her so well. She says, "There's three things: God is first, then people, then yourself. I try to live by that. Making people happy and helping them—those things have made me happier than anything else."

This month, Miss Martha, who lives in Cave Spring, will turn 100. On July 31st, her former students have planned a celebration for her on the front lawn of her home. It is with great pride that I join all of those whose lives she has touched in wishing this great teacher and outstanding citizen a happy 100th birthday.

HONORING LT. COL. CHARLES A. HAMILTON

**HON. DALE E. KILDEE**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 22, 1999*

Mr. KILDEE. Mr. Speaker, I rise today to recognize the accomplishments of a gentleman who has given much in the name of national service, and protecting our citizens. On Friday, July 23, the men and women of the United States Air Force 16th Operations Group and the 16th Special Operations Squadron, located at Hurlburt Field, Florida, will gather to witness the relinquishment of command by Lt. Col. Mark P. Transue, and the assumption of command by Lt. Col. Charles A. Hamilton.

Born in my hometown of Flint, Michigan, Lt. Col. Charles Hamilton lived there until he was 18, and then entered the Air Force Academy. He graduated with a degree in Economics from the Academy and was commissioned on

May 28, 1980. He was stationed at Reese Air Force Base in Texas from August 1980 to March 1985, where he was a student as well as instructor of new pilots. From there he went on to bases in New Mexico, Japan, Florida, and in January 1994, moved to the Pentagon, where he served as Operations Branch Chief, and Deputy Chief of the Special Operations Division, Directorate of Operations and Training, Deputate of Operations and Plans.

Lt. Col. Hamilton remained at the Pentagon until August of 1997, where he was then returned to Hurlburt Field as an Instructor Pilot until August 1998, where he was then assigned to his current position of Operations Officer.

The 16th Special Operations Squadron has committed themselves to support unified and theater special operations commands, through the implementation of night, close air support, armed reconnaissance, and interdiction missions in support of National Command Authorities taskings. The 16 SOS is one of only two squadrons utilizing the AC-130 Gunship, an aircraft which was an important part in such exercises as Operations Just Cause, Desert Storm, and United Shield, among others. They have been honored with numerous commendations, including Two Presidential Unit Citations, four Air Force Outstanding Unit Awards, and the Republic of Vietnam Cross of Gallantry with Palm.

Mr. Speaker, I am exceptionally proud to represent a person like Lt. Col. Charles Hamilton in Congress. The task he prepared to undertake, to take command of one of the Air Force's premier squadrons, is one of great responsibility which I am certain he will handle with the utmost maturity and sense of duty. I ask my colleagues in the 106th Congress to join me in congratulating Lt. Col. Hamilton and sending him the best of wishes.

HONORING STATE SENATOR MARK HILLMAN, REPRESENTATIVE BRAD YOUNG, AND THE COLORADO GENERAL ASSEMBLY

**HON. BOB SCHAFFER**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 22, 1999*

Mr. SCHAFFER. Mr. Speaker, Colorado State Senator Mark Hillman and State Representative Brad Young have advanced a Resolution in the Colorado General assembly important to the debate we are about to engage about tax relief. Adopted this year by the Colorado General Assembly, Senate Joint Memorial 99-004 urges us to repeal the Federal Unified gift and estate tax.

Mr. Speaker, one of our colleagues has observed that only with our government are you given a certificate at birth, a license at marriage, and a bill at death. One of the most compelling aspects of the American dream is to make life better for our children and loved ones. Yet, the current tax treatment of a person's life savings is so onerous that when one dies, the children are often forced to turn over half of their inheritance to the Federal Government. The estate tax is imposed at an alarming 37 to 55 percent rate. This is higher than in any other industrialized nation in the world except Japan. Even worse, not only does this take place at an agonizing time for the family,